

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045520

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11869

STATE FILE NUMBER

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis, Mo.

b. CITY (If outside corporate limits, give TOWN only)
OR TOWN Festus Jefferson Co. Mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Firmin DeslogeInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE Mo

b. COUNTY Jefferson

c. CITY OR TOWN Festus Jefferson Co.

d. STREET ADDRESS 3rd. and Grand Blvd.

Inside Limits
Yes ☐ No ☐Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Dora

Middle L.

Last Hall

4. DATE OF DEATH

Month 11

Day 30

Year 1963

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-4-17

9. AGE (last birthday) 46

10. IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
including part-time working life, even if retired)

HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

FESTUS, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME
(Smith, Henry)13b. MOTHER'S MAIDEN NAME
(Barnes, Edith)14. NAME OF HUSBAND OR WIFE
Edward Hall15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

EDWARD HALL, FESTUS, MO.

18. CAUSE OF DEATH (Enter only one cause of death)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEART FAILURE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

HYPERTENSIVE CARDIOVASCULAR DIS.

DUE TO (c)

443X

INTERVAL BETWEEN
ONSET AND DEATH

14 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 1963, to Nov. 30, 1963, and last saw her alive on Nov. 29, 1963.
Death occurred at 5:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

GENTRY R. POLITTE CRYSTAL CITY, MO.

DEC 2 1963

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geoffrey R. Polittle

Licensed Embalmer No.

3486

P. O. Address

Crystal City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.